



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

CTD065519258

INSTALLATION ADDRESS

DIP N STRIP  
P O BOX 303  
COVENTRY

CT 06238

1340 MAIN ST  
COVENTRY

CT 06238





CTD 065519258  
in system  
PLEASE PLACE LABEL IN THIS SPACE  
needs RCRA indicator

## COMMENTS

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[illegible]

## STREET OR P.O. BOX

[illegible]

## STREET OR ROUTE NUMBER

[illegible]

## NAME AND TITLE (last, first, &amp; job title)

[illegible]

## A. NAME OF INSTALLATION'S LEGAL OWNER

[illegible]

## VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL M = NON-FEDERAL	M 56	<input checked="" type="checkbox"/> 57 A. GENERATION	<input type="checkbox"/> 58 B. TRANSPORTATION (complete item VII)
		<input type="checkbox"/> 59 C. TREAT/STORE/DISPOSE	<input type="checkbox"/> 60 D. UNDERGROUND INJECTION

**VII. MODE OF TRANSPORTATION** (transporters only – enter “X” in the appropriate box(es))

☐ <sup>64</sup> A. AIR      ☐ <sup>62</sup> B. RAIL      ☐ <sup>63</sup> C. HIGHWAY      ☐ <sup>64</sup> D. WATER      ☐ <sup>65</sup> E. OTHER (specify):

### VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

<input checked="" type="checkbox"/> A. FIRST NOTIFICATION	<input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)	C. INSTALLATION'S EPA I.D. NO.

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

	1		2		3		4		5		6
	F001										
	23 - 26		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26
	7		8		9		10		11		12
	23 - 26		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26

13			14			15			16			17			18		
23	-	26	23	-	26	23	-	26	23	-	26	23	-	26	23	-	26
19			20			21			22			23			24		
23	-	26	23	-	26	23	-	26	23	-	26	23	-	26	23	-	26
25			26			27			28			29			30		
23	-	26	23	-	26	23	-	26	23	-	26	23	-	26	23	-	26

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

[illegible]

☐ 4. TOXIC  
(D000)

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

DATE SIGNED

*Floyd B. Wass*

FLOYD B. WASS, OWNER

6/18/83



Sage

4/88

2/22/89  
828

REQUEST FOR CHANGE

EPA ID #: CTD 065519258

COMPANY NAME: Dip N Strip

TOWN: Coventry

	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
* I	Name of Installation			
II	Location of Installation			
III	Installation Mailing Address			
IV a.	Installation Contact's Name	Wass Floyd	Wass Allan	per 1987 Report
b.	Installation Contact Title			
c.	Installation Contact Phone #			
V a.	Ownership			
b.	Property Owner			
VI	Status	(Originally notified as:) SQG (<100kg)  SQG (100-1000kg)  GENERATOR  TRANSPORTER  TSDF	Change status to:	
X	EPA Waste Number(s)  TSD Facility Process Changes (handling methods).			

\* Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.